

# PART B - FEE(S) TRANSMITTAL

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7590 12/30/2003  
G E Ehrlich 1995  
Anthony Castorina  
Suite 207  
2001 Jefferson David Highway  
Arlington, VA 22202



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/889,738	07/20/2001	Jonathan Gressel	01/22289	8901

TITLE OF INVENTION: RHAMNOSYL-TRANSFERASE GENE AND USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	\$605 \$1330	\$0	\$605 \$1330	03/30/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
KALLIS, RUSSELL	1638	800-278000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. G.E. EHRLICH(1995) LTD.

2. \_\_\_\_\_  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEES

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

A1) YEDA RESEARCH AND DEVELOPMENT CO. LTD.

B1) REHOVOT, ISRAEL

A2) AGRICULTURAL RESEARCH ORGANIZATION, THE VOLCANI CENTER. B2) BEIT DAGAN, ISRAEL

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

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☐ Publication Fee

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TRANSMIT THIS FORM WITH FEE(S)



Attorney  
Docket: 01/22289

Date: March 1, 2004